



GRANT APPLICATION GUIDELINES

FY 2020-21 COVID-19 Relief Grant

Key Information

Total funds available: Estimated amount \$196,000

Application deadline: Must be received by **5:00 pm, September 11, 2020**

Eligible applicants: Non-profits registered as 501(c)3 organizations

Sustaining or New programs (minimum request - \$10,000)

- Funds must be used for direct services to prevent, prepare or respond to COVID-19.
- Funds must not be used solely on salaries.
- This is a reimbursable grant. Receipts must be provided and approved to receive reimbursement.

Submission instructions: All applications must be typed. If necessary, provide additional information as attachments.

Email applications to: sgordon@kannapolisnc.gov.

**CITY OF KANNAPOLIS
COVID-19 RELIEF FUNDS
AGENCY FUNDING APPLICATION**

Agency Information

1. Agency Name: _____
2. Mailing Address: _____
3. Physical Address, if different: _____
4. Main Phone #: _____
5. Website: _____
5. Contact Person and Title: _____
6. Contact's Phone #: _____
7. Contact's Email: _____
8. Agency's Director: _____
9. Federal Tax ID Number: _____
10. Amount of City of Kannapolis Funding Requested: **(attach itemized budget)** _____
11. Amount of COVID-19 Relief Funds Received from other sources: _____
12. Provide an overview of how your agency will utilize funds to prevent, prepare or respond to COVID-19 virus and describe how COVID-19 has impacted your organization.

Certification of Application

I certify that to the best of my knowledge the information provided in this application is true. I understand that if awarded a COVID-19 Relief grant, my agency will follow City regulations and be responsible for any reporting requirements. I understand all COVID-19 Relief funds will directly benefit City of Kannapolis residents.

_____ (name of organization requesting funds) hereby proposes to provide the services or project in accordance with this application.

I further certify that this application and the information contained herein are true, correct and complete.

Unsigned applications will be deemed incomplete.

I also authorize the following person(s) to have signatory authority regarding this grant:

Completed by: _____ Title: _____

Signature: _____ Date: _____